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CONFIRMATION NO. 2693

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/783,510	<b>FILING OR 371(c) DATE</b> 02/20/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 2578-3982.3US
<b>APPLICANTS</b> Ronald Vogels, Linschoten, NETHERLANDS; Govert Johan Schouten, Leiden, NETHERLANDS; Abraham Bout, Moerkapelle, NETHERLANDS;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/517,898 03/03/2000 PAT 6,869,936 which claims benefit of 60/122,732 03/04/1999 and claims benefit of 60/123,061 03/05/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/13/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 6
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 24247				
<b>TITLE</b> MEANS AND METHODS FOR FIBROBLAST-LIKE OR MACROPHAGE-LIKE CELL TRANSDUCTION				
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	